he cause and date of death, except in cases of births and deaths of illegitimate children.

t, to the Undertaker or other person superintendent requested so to do, under penalty of law.  No Permit for Burial, of	W BAAV WI 100	A Proper Certificati	0
CERTIFI	CATL OI	DEATH.	
Date of Death,	may 30	180/	
$Full \ Name \ of \ Deceased, \left\{egin{array}{ll}  ext{Write legibly and s} \\  ext{correctly.} &  ext{If an Interpretation of parents.} \end{array} ight.$	nes } Robt. Wa	unue	
Sex, Male or Female, Cross out the word not required in this line.			
Age, Years, Years,		Months,	Days,
Color, Co	Cored		
Married, Single, Widow or Widower, {	cross out the word not lequired in this line.	······································	
Occupation, Muni	stu-		7
	realtime &		
Duration of Residence in the City of	Baltimore, 224	111	
Place of Death, Give street an 506 30	3 (old hu) De	ruch store	ars -
) First, (Primary,)	Lypho Male	ance ou	rei
Cause of Death, Second, (Immediate,)	11		
Duration of Last Sickness,	5 Weeks		
Place of Burial Mark 410	cantry of	2 of	
Date of Burial, June 1	887 1 1446	arreight	M. D.
J Undertaker, Same	That Address	807 Arling	haltue
Place of Business, 641. A Ho	reary		

Vital Statistics in the City of Baltimore. SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth s far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and

Board of Health, City of Baltimore,

Office of Registron of What Statistics. ntation of this Certificate, accurately filled or the death of said deceased, or sooner, The Physician who attended any person in a last illa The Physician who attended any person in a last fitness, is responsible to the Diction of this cert to the Undertaker or other person superintending the burial, within the only four hours after the death of sai requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OFFAINED WITHOUT A PROPER CERTIFICATE. Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Sex, Moleor Female, Cross out the word not required in this line. Age, ..... Color, .... Single, Widow or Widower, Cross out required is Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Number. Cause of Death,  $\begin{cases} \text{First (Hrimary)}, \end{cases}$ Duration of Last Sickness, Place of Burial, Thousa Undertaker Place of Business, Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far a twenty-four hours after the death, the far a twenty-four hours are twenty-four hours after the death, the far a twenty-four hours are twenty-four hours after the death and the far a twenty-four hours are twenty-four hours after the death and the far a twenty-four hours are twenty-four hours after the death and the City of Baltimore. and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Meyartment,

The openin according to his contact, the second to be second to be second on the second of this contact.
Bealth Department, City of Baltimore.
Permit No. 103. Office of Registron of Will Statistics. Ward  The Physician who attended any person in a last films, is responsible for the presentation of this Certificate, accurately filled and
to the Undertaker or other person superintending the burial, while were four hours after the death of said deceased, or sooner. It requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, 31th. May 1884.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex; Male or Female, {Cross out the word not }
Age, Years, Months, O Days.
Color, white-
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, during lifetime
Place of Death, {Give Street and } S. Bondry, 395
Cause of Death, { First (Primary), } Lussis canvuloir,
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, St Offinansus Cinui
Date of Burial, doi 31 87) William Henry
J Undertaker, Tools Broshowsk.
Place of Business, 132 The drine Address, J. Wellet 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business,

The Special Attention of Physicians	is Respectfully Invited to the Re	marks below, and to	List of Diseases on b	ack of this Certificate.
Health	Department,	City of	Baltimo	re.
Permit No. 104  The Physician who attended a to the Undertaker or other person s	Office of Registrations of the superintending the buried within	onsible for the present twenty four hours	latistics.  meation of this Certificant the death of said	Ward cate, accurately filled out, deceased, or sooner, it
	law. T FOR BURIAL CAN BE OBTAIN			12
CER	TIFICATE	1		
Date of Death,	·····	Port 18		
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents	Michay	il noi	ry
Sex, Male or Female, { Cross required.	s out the word not }	all	ale	-/
Age, Ho	Years,	Mont	hs,	Days.
Color, Coli	its		1.	
Married, Single, Widow o	r Widower, {Cross out the word required in this line	ls not }	(arres)	
Occupation,		. 0	ailor	
Birth Place, State or country, an long in the United if of foreign birth.	d how States,		Bolleur	
Duration of Residence in	the City of Baltimore,	,	Even y	Saro
Place of Death, Give Street ar Number.	101			uda
Cause of Death.	imary), Sutsortitus Immediate), Vire	al Rope	eritis ()	drighted)
Duration of Last Sicknes	88, Tevo 20	outho		
Place of Burial, Bohe	miar National o	enuter _		
Date of Burial, June	1st 1887	To.	Blow	M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Physician who attended any pe to the Undertaker or other person supering requested so to do, under penalty of law.	epartment,	of Fital Sta	atistics. Ward ation of this Certificate, accurate the death of said deceased, o	3 ''
CERT	FICATE	OF DI	EATH.	
Full Name of Deceased, Write correct not na of pare Sex, Male or Female, Cross out the required in	legibly and spell ly. If an Infant med, give names onts.	hn'll	arburgur	
Age, 22 White			-//	Days.
Married, Single, Widow or W. Occupation, State or country, and how long in the United States, if of foreign birth.	lumber		0	
Duration of Residence in the Place of Death, {Give Street and Number.}	City of Baltimore,	ef.	2	
Cause of Death, $\begin{cases} \text{First (Primary)} \\ \text{Second (Immed)} \end{cases}$	), Pulmone liate), asther	ing Phtl	usis	
Duration of Last Sickness, All the above information should be fornish		,		
Place of Burial, SESMOND  Date of Burial, Service  Sundertaker, S. S.	ranco	John S.	Lyuch Medical Attendant.	М. Д.
Extract from Regulations of the Boa	100	full and correct r	Broad way	es in the

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully I	Invited to the Rei	marks below, and to L	ist of Diseases on back of t	his Certificate.
Yealth Depar	tment,	City of	Baltimore.	34
Permit No. 106 Office of The Physician who attended any person in a la	Registrar	OF WWW SI	tistics. Ward	nrately filled out
The Physician who attended any person in a la to the Undertaker or other person superintending the requested so to do, under penalty of law.  No Permit for Burial of				d, or sooner, it
CERTIFIC		OFOD!	EATH.	
Date of Death, May 30	18%		9	
Full Name of Deceased, Write legibly and storrectly. If an Innot named, give na of parents.	spell fant ames	ijabeth	Winter Wite	
Ser, Male or Female, {Cross out the word not } required in this line. }	<b></b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Age, 25 Years,		/ Months	3,	Days.
Color, VIII			^	
Married, Single, Widow or Widower,	Cross out the word required in this lin	s not }		1
Occupation,	2			
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Tuty	7,		
Duration of Residence in the City of	f Baltimore,	" Life?	time	
Place of Death, {Give Street and Number.}	(old)	1. Cent	at ton	143
$egin{aligned} Duration of Residence in the City of Place of Death, \{ & & & & & & & & & & & & & & & & & & $	hara.	ma ma	xillac inf	eriores
Duration of Last Sickness, &	month,			
Place of Burial, Holy Rea	leemer	Dem.		
Date of Burial, Sune 10t	87		Thethree	M. D.
( Undertaker / 5. Isam	11			

Place of Business, Ronkit Wolfe Address, 15235. Authorized Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over-]

The Special Attention of Physicians is Respectfully Invited to the Ren	narks below, and to	List of Diseases on back of this Certific	ate.
Bealth Department,	City of	Baltimore.	
Permit No. 10 Office of Registrar.  The Physician who avended any person in a last illness is to see	hathle that These	Nation of this Certificate, accurately filled	out
to the Undertaker or other person superintending the boried within requested so to do, under penalty of law.  No Permit for Burial CAN BE OBTAIN	Yw3ho488 Prof	ER CERTIFICATE	2, 1
CERTIFICATE	nof D	EATH.	
Date of Death, May 30 28			
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.	eghalene	"Wrigelstein	
Sex, Male or Female, {Cross out the word not required in this line.}		Thegelstein	
Age, Years,	Month	es,Do	iys.
Color, 475		<b>A</b>	
Married, Single, Widow or Widower, {Cross out the words	e. }		
Occupation, hour - work			
Birth Place, {State or country, and how long in the United States, } fun any			
Duration of Residence in the City of Baltimore.	6 year		1
Place of Death, {Give Street and } J 3 . Co.	dinglan	Au	
Cause of Death, First (Primary), http://	follow.	· · · · · · · · · · · · · · · · · · ·	
Duration of Last Sickness, e m with	,		
Place of Burial, Holy redeemer to	m).		
Date of Burial, Schne 1 st 87			

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

(Undertaker, G. Trance

Place of Business, Jank & Walf

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Rom	ed at 20			
Permit No. 108	office of Regi	h, City of 9	D14.	- MITTO
The Physician who attended to the Undertaker or other Information of requested so to do, under pension No PE	Office of Resi	strar of Vital Stat	valtimore.	
f requested	ed any person in a last illnes	s. is now and stat	istics. Wand	Die
so to do, under pen		· · · · · · · · · · · · · · · · · · ·		Q
The Physician who attended to the Undertaker or other partial for requested so to do, under pension No Pe	RMIT FOR BURIAL CAN BE	BELL MAY 21 100	after the death of said dec	ceased, or sooner
C	RMIT FOR BURIAL CAN BE	ATAINED WITHOUT A PROPE	R CERTIFICATE	Somer,
	ERTIFICAT	FORMER	9.	(all
- 500016,		The state of the s	ATH.	
Full Name of Deceased, Sex, Male or Amale Scro	( Write legible	Ma	30117	FFX.
See Meceased,	not named, give names	-70. 1	00 /	107
	ss out the word not	J'ani	e b. Ken	
Age, 43	ired in this line.			recy
Color, W	Years,	<i>y</i>		······································
		Months	<b></b>	6
Married, Single, Widow	W-W-		1	Days.
Occupation,	Widower, Cross out the	e word not }	1	/
		20		
Birthplace, State or country, and ho long in the United State  Duration of D	w, }	and and	Corce	
Duration of Residence in the	) O':	73.	alto	// /
Place of Death & Give street and	e City of Baltimore,	S	1 7	LA .
number.	}	DSC	fetring	e A
Cause of death, First, (Primary	)	833	Yark	//
death,		<b>1</b>	1000	me
) Second, (Immed	iate,)	16/17	7,7	
Puration of Last Sickness,		nihis	is Value	
	nished by the Physic	3	71 -	male
, UA = 1	- 11/1	2	pars	
ate of Burial, June	, aday	£ 1.		
Undertal MO	1 35	6 1		
Plan 6 7	udefel.	ono, Jus,	Ke/3.	
Place of Business, 916 C	Green !		Medical Attendant	M. D.,
	- Class	Address,	medical Attendant.	
	Dourd of Ir			
SECTION 2. And he it further enacted to Physician who attended during his or	tal Statistics in the Cit	y of Ralti-	correct no	
he Physician who attended during his	and ordained, That when any	. Janumore,	record of	

SECTION 2. And he it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty SECTION 2. And we it juriner enacted and ordained, That whenever any person shall die in the said chy, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nurmish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ar as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the

[OVER.]

meaith Departmen	e, city of Baltimore.
Permit No. A. 109 Office of Regist	trar of Vital Statistics. Ward
The Physician who attended any person in a last illness,	is to polythe trip presentation of this Certificate, wourately filed, within tecenty-four content the death of said deceased, or soon
if requested so to do, under penalty of law.  No Permit for Burial can be Obt	MAY would 1887 PROPER CERTIFICATE.
CERTIFICAT	
	ay 30 1887
$Full \ \ Name \ \ of \ \ Deceased, \left\{ egin{array}{ll}  ext{Write legibly and speli} \\  ext{correctly.} &  ext{If an Infant} \\  ext{not named, give names} \\  ext{of parents.} \end{array}  ight\}$	Chas. Kreley
Sex, Male or Female, Cross out the word not required in this line.	male
Age, 45 Years,	Months, Day
Color, white	
Married, Single, Widow or Widower, Cross ou required	it the words not the in this line.
Occupation, Salorer	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	sland
Duration of Residence in the City of Balti	more,
Place of Death, Give Street and Number.	830 mckm St.
	ensumption
Cause of Death, Second (Immediate),	
Duration of Last Sickness,	
All the above information should be furnished by the Physician	
Place of Burial, It Marys Ga	vanstown.
Date of Burial, June 1 ME	worsooker N.
Date of Burial, June 1 Mt Undertaker, H. C. Wie defe Place of Business, 916 Greenm	Medical Attendant.
Place of Business, 916 Greens	HAddress, 851 Pork Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistic in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ca nd date of death. [OVER.]

			ages on harr all this Partification
The Special Attention of Physician	is is nespectivity mytten to the act	at as below, and to list of bisc	ASSES OF DECK OF CHIS OUT CHROME
Bealth	Department	Outp of Bal	timore.
Permit No. A 110	Office of Degistrar	of Vilol Statistic	s. Ward
	any person in a last illness is responsible superintending the burnel, within of law.		
No Perm	HIT FOR BURIAL CAN BE OBTAINE	IN I THE	. / 10
CEF	REFICATE	OF DEA	TH. W
Date of Death,	May 300	198711	·
Full Name of Deceased,	Write legibly and spell Correctly. If an Infant not named, give names	elini! Me	achen
Sex, Male or Female, { red	(of parents.		
Age, Ty	Years,	Months,	Days.
Color,	hile	· · · · · · · · · · · · · · · · · · ·	
Married, Single, Widow	or Widower, Cross out the words	s not }	
Occupation,	The	1. +	
Birth Place, State or country, long in the Unite if of foreign birth	and how d States,	My 22	Mac
Duration of Residence	in the City of Baltimore	agout to	Jung
Place of Death, {Give Street Number	and } 217 ev	Monumen	193
Cause of Death, First (I	Primary),		1.0
Second	(Immediate),	al onge	time
Duration of Last Sickn All the above information should be	be furnished by the Physician.	in a	
Place of Burial, Luce	en Hourt	111	01
Date of Burial, Jun		Homes C	Theren M D
J Undertaker, H. W. J.	cutino + Low	3	Medical Attendant.
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	The second secon	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

( Place of Business, 201 W. Varatoga St.) Address.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]